

Examination of a fresh specimen with silver gave clear endothelial markings.

The fluid contained lymph corpuscles and endothelial shreds.

The case is interesting in so far as it has seldom been tried to extirpate tumors at such an early period of life, (21 days). The author winds up his remarks by stating that an attempt at enucleating these tumors should be made, and if it was found impracticable the Wölflers proceeding should be tried.—*Deutsche Med. Wochenschrift*. No. 42.

F. C. HUSSON (New York).

VI. Forcible Dilatation in Malignant Stricture of the Gullet. By DR. V. I. DUBROVA. (Voronej, Russia). An extremely emaciated and cachectic woman, æt. 52 years, sought Dr. Dübrova's advice on account of absolute inability to swallow—even fluids—of a week's duration, the first symptom having appeared about a twelvemonth previously. An impassible malignant stricture of the gullet, situated just above the cardia, was diagnosticated and a gradual dilatation by œsophageal sounds at once resorted to. An olive, no. 1, could be forced through with but a moderate amount of violence, and from the next day the patient could be fed *per os*. The sounding was repeated every two days, the woman's health steadily and markedly improving for two and a half months. By the end of that period pulmonary symptoms (agonising cough, infiltration of the right lung under the scapula) supervened, and the patient commenced to rapidly lose ground. Exactly three months after the beginning of the treatment, she suddenly expectorated a basinful of blood and died a couple of hours later. No autopsy was allowed. Dr. Dübrova draws attention to the facts that (1) his patient survived three months after the commencement of the treatment, and about fifteen months after that of the disease; (2) that the average duration of the disease treated by dilatation is eight months (after Morell Mackenzie; but only five and a half months after M. E. Krusenstern; *vide* the *London Medical Record*, March, 1887); (3) that an average duration of the disease treated by gastrostomy is seven months, the patient surviving the operation on an average for twenty days (Morell Mackenzie); (4) that, therefore, dila-

tation gives better results in malignant stricture of œsophagus than gastrostomy does; and (5) that, consequently, dilatation can be safely recommended and practised as a fully justifiable method of treatment of the disease. [In the *London Medical Record*, 1886, July, p. 277, and Dec., p. 529, 46 Russian cases of gastrostomy for cancer of the œsophagus may be found.]—*Proceedings of the Voronej Medical Society*, 1888.

VALERIUS IDELSON (Berne).

VI. Case of Dyspnœa from Mediastinal Abscess—Tracheotomy—Rupture of Abscess into Trachea—Recovery. By EDWARD A. WRIGHT, M. B., (Huddersfield). Patient, æt 12 years, suffering from dyspnœa, brassy cough and great restlessness. Was playing a few days previously without a coat in a cold wind. Had several well-marked rigors and symptoms as above. Nothing abnormal detected as far as larynx. Lungs healthy, temperature 101°. Symptoms became more urgent with paroxysms of dyspnœa, no membrane expectorated. No history of any foreign body being swallowed. Tracheotomy was performed as low as possible, but it was found that the obstruction was below. In the evening after the operation in a paroxysm of dyspnœa the boy tore the tube out. He became nearly pulseless and was evidently dying. An india-rubber catheter was pushed down trachea as far as the bifurcation, when a gush of pus followed, about an egg-cupful, very offensive. Breathing became gradually easier, tomentations were placed over wound, which was allowed to heal. Patient made an uninterrupted recovery. Dr. Wright suggests that the symptoms were due to a suppurating bronchial gland pressing on trachea. It is extremely rare for enlarged glands to cause pressure, especially after early childhood, but cases have occurred in which glands have ulcerated into the trachea. At least, two cases are on record in which the glands became impacted in the larynx and caused death. One of these was brought before the notice of the Pathological Society by Dr. Percy Kidd. The patient was an inmate of the Brompton Hospital for Consumption—a boy about 8 years old. He had a sudden fit of coughing in the night, followed by a few minutes of in-